## Mental Health Association Mental Health Association of Minnesota

## THE VOICE and 2012 ANNUAL REPORT

#### Volume 5, Issue 3

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## Individual Advocacy

In the Individual Advocacy program, client advocates work one-on-one with individuals, family members, and providers to identify barriers to mental health treatment and other services and to develop strategies for removing those barriers. People call us for help with issues such as housing, employment, getting services from the county, applying for disability, and more. Often, as an advocate works with a client, it becomes evident that there is more than one issue at play. In those cases, the advocate also helps the client prioritize his or her needs so that all issues can be addressed.

In 2012, we provided individual advocacy to 905 people. We also reached 580 people through three workshops on self-advocacy and patient rights. Information packets were mailed to 172 people, and 1,480 people accessed information online. We provided direct referrals to 236 people over the phone, and 53,098 people received a referral online. 98% of advocacy cases were resolved to the highest degree possible, and 99% of our clients reported knowing the next step to take toward resolving their issue.

#### **Emerging Trends**

In 2012, we noticed an increase in the number of clients who needed help coordinating care across services. Individuals living with mental illnesses have to navigate numerous systems – education, employment, transportation, medical, social service, to name a few – and it is increasingly difficult because the systems don't necessarily coordinate easily.

Another concerning trend is the lack of rental housing. Even with a Section 8 voucher, it can be incredibly difficult to find an apartment, let alone supportive housing. Without the stability of a place to live, our clients are at great risk of not getting proper treatment, medications, and supportive services that help them stay independent. We are finding that our clients are

Individual Advocacy continued on page 4

### **Outreach Program**

MHAM's Outreach Program provides science-based information about mental health, overall health, and mental illnesses. We conduct workshops for individuals and frontline providers, distribute education materials at health and community fairs, publish a newsletter, maintain a website which includes online screening for mood and anxiety disorders, sponsor support groups,

and create and distribute tools to help improve overall wellness.

In 2012, we conducted 11 workshops for 482



individuals. We met with 667 attendees at 19 health and community fairs. Our newsletter had a circulation of 6,393, and the website had 197,326 total visitors. Over 3,600 people received Steps to

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Wellness self-care kits and Take Charge booklets to improve health. We also supported 291 people through the Depression and Bipolar Support Alliance (DBSA) support groups throughout the state. MHAM was also one of the top ten online mental health screening sites in the nation for National Depression Screening Day<sup>®</sup> (NDSD) in October 2012.

According to workshop evaluations, 88% of participants reported an increase in their knowledge about mental health; 88% reported a better understanding of how to seek help for a mental health issue; 77% reported an increase in knowledge about the methods to maintain overall health; and 80% reported that they would share what they learned with others.

#### New in 2012

As we strengthened the focus of the Outreach Program on health and overall wellness for people living with mental illnesses, we developed a booklet called Take Charge. This booklet was developed to assist individuals in implementing healthy lifestyle choices around diet, exercise, stress management, and sleep habits. It also includes a step-by-step goal-planning sheet and wellness journal so that people can track weekly progress. We printed 2,500 booklets, and they were unveiled for the first time at the 3rd Annual Celebrating Recovery Education Event on Thursday, September 27, 2012.

## **ISSUES ADVOCACY**

Through the Issues Advocacy Program, MHAM represents individuals with mental illnesses to ensure parity in insurance coverage for mental health, protect patient rights, and increase funding for, and accessibility of, community-based mental health services. We advocate on public policy committees at the state legislature, on the State Advisory Council, the Mental Health Legislative Network, and in other groups to protect the rights of people with mental illnesses. We also work with mental health local advisory councils (LACs) throughout the state. LACs submit unmet needs reports to the Board of County Commissioners in the area of mental health. The County Board uses the report to determine if or where changes should be made in the delivery of mental health services. We work with the LACs to set goals and improve communication. We also work to increase participation on the part of people living with

mental illnesses to ensure that individuals have a voice in the delivery of mental health services in their communities.

In 2012, MHAM reached 584 individuals in 16 counties through our work with mental health LACs. Advocates served on the patient advisory panel for Regions Hospital, the State Advisory Council for Adult Mental Health, the Permanent Supportive Housing Evidence Based Practices Stakeholder's Group, the Mental Health State Advisory Committee Housing and Homeless Workgroup, the Minnesota 10 x 10 Wellness Project, and the Leadership Team for Mental Health Crisis Alliance. MHAM's Outreach and Policy Coordinator also served on the Steering Committee of the Interfaith Network for Mental Health.

## of Minnesota **MHAM**

**BOARD OF DIRECTORS** Daniel K. Rauenhorst, JD, *President* Linda Cutler, JD, *Past President* Anastasia Cyptar, *Vice President* Beth Silverwater, *Treasurer* A. Brian Doran, *At-Large* Peter M. Thelen, *At-Large* 

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Improving lives for people with mental illnesses

## 2012 Memorial and Honor Gifts to MHAM

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#### In Honor

Ben Ashley-Wurtmann Jill Ann Marks Linda Cutler's Retirement Black River Asset Management LLC Cargill Cargill Law Department Phillip and Susan Fantle H. Jed Hepworth and Lee Schubert Ed Eide Ken and Linda Cutler Hameed Garabelly Patricia Simpson Doug Hruby **Bill Boegeman** Kim Lutes Dianne Lutes Erik Thorsell and Success Computer Consulting, Inc. Jeffrey Pomeroy Running in the 2013 Medtronic Marathon Phyllis Pomeroy Sharon Snider Blythe Gruber Carl Knudson Michelle Reynolds Michelle Riesgraf Kathryn Robbins lane Stein Shirleymae Lane

This list is current as of May 15,2013. Every effort has been made to ensure accuracy. If you note an error or omission, please accept our apologies. You can notify us of changes by calling Nancy Paul at 651-756-8584, ext. 9.





**Community Partner** 

#### Letter from the Executive Director



We need your help. More and more of our individual advocacy cases are becoming increasingly complicated. As health plans merge, Accountable Care Organizations (ACOs) develop, and billable hours become the priority, people can be left behind. Your financial support ensures that we will be able to help people obtain the services they need to be independent.

Flexible funding of services has always served people with mental illnesses well. Drop in centers and community support services (CSPs) have become second homes for many people. As enlightened providers add services to these locations, people can have their health care needs met, socialization needs met, and other services that lead to a life of recovery.

As we lose flexible funding, services go away. We have heard from many consumers and providers about long-time services closing. Quantifying outcomes becomes a mantra. Billable hours becomes a mantra. If a provider cannot bill for something, it must not be worth doing, so they stop doing it. At what cost?

We are all more comfortable with a health care provider, or our barber, the longer we go to them. We build a rapport and level of comfort when we feel we get the services we need. But, as we enter into a new method of providing services can we maintain that level of comfort?

We get calls from people saying their insurance provider has changed where they can go for their health care, and they are overwhelmed. There is a feeling of hopelessness. After all, what can they do?

MHAM can help them find alternatives and perhaps even continue with the same provider with a little flexibility. We help explore options to continue the same level of service they are used to.

It's easy for people to be pushed aside when changes occur. We follow the rules set by our providers, often to our detriment. Instead of working to be healthier, we take a step backward.

Won't you help us continue our work with people in need? It takes a flexible approach to help people get where they want to be. MHAMs journey with them makes a difference.

Thank you for your support.



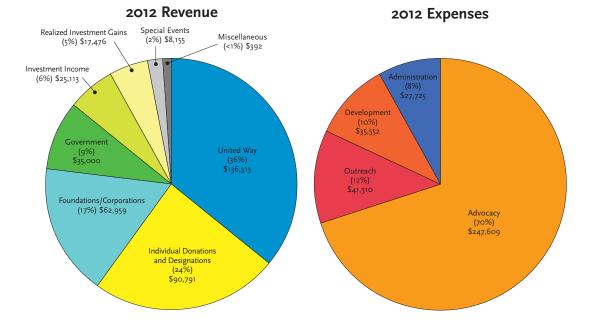
#### Individual Advocacy continued from page 1

couch surfing, which means they don't have a permanent address. This makes is difficult to get paperwork from the county to receive Medical Assistance (MA), Minnesota Care, or other publicly funded assistance.

There was also a significant increase in the number of working poor who contacted MHAM for help in 2012. Individuals who are working generally don't qualify for MA, and their insurance often doesn't cover treatment and medications for mental illnesses. The insurance vouchers that are offered are unaffordable. Even a sliding fee scale clinic may charge more than an individual can afford. Individuals also can't access other services, such as the Supplemental Nutrition Assistance Program (SNAP). As a result, they are not treating their mental illness adequately, and they risk losing the job that is helping them stay independent.

#### Financial Report - Statement of Financial Position

ASSETS	12/31/12
Current Assets Cash and cash equivalents Investments Accounts Receivable Prepaid Expenses	\$123,311 \$643,367 \$10,060 \$1,956
Total Current Assets	\$778,694
Property and Equipment Less: Accumulated Depreciation	\$60,248 (\$55,969)
Total Property and Equipment	\$4,279
Total Assets	\$782,973
LIABILITIES AND NET ASSETS	
Current Liabilities Accounts Payable Accrued Expenses	\$80 \$49,543
Total Current Liabilities	\$49,623
Net Assets Unrestricted Temporarily Restricted	\$733,350 \$0
Total Net Assets	\$733,350
Total Liabilities and Net Assets	\$782,973



## 2012 Donors

#### Individual Donors

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#### SAVE THE DATE!

• Saturday, June 22, 2013 – Golf Tournament Fundraiser at Oneka Ridge Golf Course • Saturday, September 28, 2013 – Tom Murphy Memorial Golf Tournament

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More information is available at mentalhealthmn.org or call 651-493-6634 or 800-862-1799.

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## Mental Health Association MH

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# Support Groups **DULUTH SUPPORT GROUP FOR PEOPLE WITH MENTAL ILLNESSES**

1st and 3rd Thursday of each month, 5 – 7 pm, Miller Dwan Medical Center, Meeting Room 1 – 3, Lobby Level, East Side, For more information, call MHAM at 1-800-862-1799.



#### DBSA SUPPORT GROUPS

For people living with depression or bipolar disorder and their family members and friends

#### **TWIN CITIES** Eden Prairie

Maple Grove Minneapolis Mounds View Oakdale St. Louis Park St. Paul

1st, 3rd, and 5th Monday, 7pm 1st and 3rd Thursday, 7-9 pm 2nd and 4th Monday, 7:30 pm 2nd and 4th Tuesday, 7 pm 1st and 3rd Tuesday, 7 pm

Beth Bell Steve Steve Pam Karls Carol Treague Bobby Nemer Mary Richards

612-722-4185 763-425-6505, ext. 515 651-493-6634 612-867-6863 651-735-2345 952-938-8941 651-636-4012

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Albany St. Cloud

Every Monday, 6:30pm	
Every Monday, 3:30 pm	
Every Thursday, 6 pm	

2nd and 4th Thursday, 7 pm

1st, 3rd and 5th Wednesday, 7 pm

Mary Lynn Keller

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